



California Indian Cultural Center and Museum (CICCM)

Task Force Nomination Form

Please complete this form and return it by **December 1, 2002**
(See back of form for instructions)

1. **Name** of person you are nominating as Task Force member (you may nominate yourself):

Mailing Address: _____

Telephone Number(s): _____

E-Mail Address: _____

2. **Tribal Affiliation:** (Task Force members must be affiliated with a California Indian Tribe and must reside in the State of California at the time of appointment.)

(Does not need to be a federally recognized tribe)

3. Describe why you believe this person would be a good candidate to serve on this Task Force: (Attach a page if you need more space.)

4. Have you contacted this person about serving on the Task Force?

☐ Yes ☐ No ☐ Not applicable

5. Membership Representation

Nominee's tribe is located in: (please check one)

- ☐ Northern California
☐ Central California
☐ Southern California

Nominee has expertise in the following area(s): (please check all of the appropriate boxes)

- ☐ American Indian Education
☐ California Indian Arts, Culture, Language
☐ California Indian History

6. **Nomination submitted by:** _____

Mailing address: _____

Telephone Number(s): _____ Email Address _____

Date: _____

Send the completed form by **December 1, 2002** to:

California Indian Cultural Center and Museum (CICCM)

California Department Of Parks and Recreation

1416 9th Street Room 902

Sacramento, CA 95814

(916) 653-2030 FAX (916) 653-3398

Email: CICCM@parks.ca.gov

Instructions for completing the nomination form:

1. Print the name of the person you are nominating. If you are nominating more than one person please fill out a separate form for each nominee. You can nominate yourself.
2. Print the tribal affiliation of the person you are nominating. The tribe does not have to be federally recognized but it does have to be a California tribe.
3. Describe the qualities of your nominee, which make him/her a good candidate for the Task Force. Feel free to attach letters of support and other forms of documentation.
4. Indicate whether the person you are nominating is aware of your nomination. Mark "Not applicable" if you are nominating yourself.
5. By law, Task Force members must represent different geographical areas of the state and they must possess expertise in one or more of the areas indicated on the form. Please check all boxes that apply.
6. Please provide your contact information.
7. Both the California Native American Heritage Commission and California Department of Parks and Recreation will review this Task Force Nomination Form for consideration.

Thank you for your time and effort to help us better serve the California Indian Community and the California public at large.